

Rebate Program

Contract

FY2005



Name
PEHP ID#

Rebate Program Instructions

- 1. Qualify!** Qualification for rebates must be authorized by Healthy Utah Staff or a Health Care Provider.
- 2. Earn!** You have **one year** from the date on this Rebate Contract to complete the rebates. Once you have completed the requirements, have them verified by Healthy Utah, a Health Care Provider, or any non-family member.
- 3. Submit!** Submit the Registration form AND this contract **only** when you have completed all the rebates you intend to earn. All rebates on this contract will be paid at one time. Mail the completed Rebate Program Contract to:
Healthy Utah, PO Box 142107, Salt Lake City, UT 84114-2107 or FAX to (801) 323-1577.

☐ **Qualify Weight Loss Rebate - \$60-\$150** *Behavior Goals – 10 points each*

To qualify, BMI must be ≥ 25 . *To earn the rebate*:

- **\$60:** Lose 10 pounds and **maintain** this loss for six months.
- **\$1** per each additional pound up to \$50 .
- **\$40:** Behavior Goals = **100 points + 10 lb. weight loss AND maintenance.**

Visit www.healthyutah.org for details

- Keep a Food Journal for one week.
- Eat at least 5 fruits and vegetables per day for one week.
- Try at least two new low-fat dishes during one week.
- Change at least one eating behavior and maintain for three months.
- Accumulate 30 minutes of physical activity per day for one week.

Starting Weight lbs.	Starting Date	Height in.	BMI	Authorized Signature	Completion Date
10 lb. Weight Loss/6-month Maintenance lbs.	6-Month Date			Authorized Signature	Completion Date
Additional Weight (\$1/lb. up to \$50) lbs.				Authorized Signature	Completion Date
Behavior Goal Points (≥ 100 points)				Authorized Signature	Completion Date

☐ **Qualify Cholesterol Rebate - \$50**

To qualify, a cholesterol level ≥ 200 mg/dL must be obtained from a Healthy Utah screening or a Health Care Provider. *To earn the rebate*, total cholesterol must be lowered by 10%. Participants can have cholesterol rechecked and verified by Healthy Utah or a Health Care Provider after six months.

Total mg/dL	10% Goal Level mg/dL	Final Level mg/dL	Authorized Signature	Completion Date
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☐ **Qualify Blood Pressure Rebate - \$50**

To qualify, participant must currently be diagnosed with high blood pressure (hypertension). **Note:** One elevated reading does not diagnose high blood pressure. The Health Care Provider must set the goal blood pressure for the participant to achieve. To earn the rebate, the participant must submit written documentation displaying the blood pressure achieved.

Blood Pressure mm/Hg	Goal Blood Pressure mm/Hg	Final Level mm/Hg	Authorized Signature	Completion Date
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☐ **Qualify Diabetes Rebate - \$100**

To qualify, participant must currently be diagnosed with **type 1** or **type 2 diabetes**. *To earn the rebate*, the participant must lower or maintain their HbA1c ≤ 7 for the year. Recent HbA1c lab results from a Health Care Provider are required for verification.

HbA1c Level (baseline)	Final Level	Authorized Signature	Completion Date
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☐ **Qualify Tobacco Cessation Rebate - \$100**

To qualify, participant **must currently use tobacco** or **have quit no more than 12 months prior to the rebate contract date**. *To earn the rebate*, a non-family member must verify that the participant has been tobacco-free for 12 months.

Quit Date	Authorized Signature	Completion Date
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Weight Loss Rebate

Eating Behavior Changes

FY2005

WEIGHT LOSS REBATE — \$60-\$150

To qualify, BMI must be greater than or equal to 25. To earn the rebate:

- **\$60:** Lose 10 pounds and maintain this loss for six months.
- **\$1** per each additional pound up to \$50.
- **\$40:** Behavior Goals= 100 points + 10 lb. weight loss AND six month maintenance.

BEHAVIOR GOALS — 10 points each

	Points	Times	Total Points
<input type="checkbox"/> Track your nutrition and physical activity for one week. <i>(If you would like a Nutrition & Activity Tracker, go to www.checkyourhealth.org or call 888-222-2542.)</i>	10 pts.	x	=
<input type="checkbox"/> Eat at least five fruits and vegetables per day for one week.	10 pts.		
<input type="checkbox"/> Try at least two new low-fat dishes during one week.	10 pts.		
<input type="checkbox"/> Change at least one eating behavior and maintain for three months. <i>(Examples of eating behaviors are listed below.)</i>	10 pts.		
<input type="checkbox"/> Accumulate 30 minutes of physical activity per day for one week.	10 pts.		
Grand Total Points =			

Examples of eating behaviors that may assist you in losing weight:

- ☐ Avoid eating while doing any other activity like watching television, working, reading, driving, etc.
- ☐ Slow down. Really taste, savor and enjoy your food.
- ☐ Choose one room in your house and eat only in that room.
- ☐ Use a small plate for your meals.
- ☐ Do not keep or serve food from the table where you are eating.
- ☐ Pay attention to your hunger level. Eat only when you are hungry and stop when you are full.
- ☐ If you have to buy less healthy foods, place them out of sight and in difficult-to-reach areas of the refrigerator or cupboards.
- ☐ Scan your house for easy-to-grab, unhealthy dishes of foods like candy or chips. Remove them and place them in your pantry instead.
- ☐ Place bowls of fruit in an accessible area of the kitchen and on your desk at work.
- ☐ If you feel hungry, first take a few drinks of water to determine if you were actually hungry or thirsty.
- ☐ When you have an emotion that makes you want to eat, find a distraction. Go for a walk, call a friend, take a warm bath, read, work on a puzzle, play cards, write, or sew. Try different types of distractions for at least 15 minutes and see if the need to eat goes away.